NEW MEXICO HOUSE OF REPRESENTATIVES APPLICATION FOR EMPLOYMENT

Position(s) Applied	for in order of	preference			
Name(Last)		(Initial)	(Home Phone)	Contact Phone/Cell	
Physical Address Mailing Address				ess	
City			County	Zip	
Resident of New M	exicoYes	No Num	ber of Years	Date of Birth	
				(Optional)	
Prior Legislative Exp	erience (Date(s)/	Position(s) held)			
	_		_ Post Secondary/Vocation	Training School DegreeMajor	
SKILLS/JOB EXPE			experience in the area you a	D	
Other computer syste	S: Yes lowing: Word Pe	erfect 11 M		ook Windows XP	
JOB EXPERIENCE:	ATTACH CUR	RENT RESUME!	Begin with present or last j	ob.	
(Most recent employer)				(Employer)	
(Address/City and State/Telephone)			(Address/	(Address/City and State/Telephone)	
Position held	D	uration	Position held	Duration	
(Reason for Leaving)			(Rea	(Reason for Leaving)	
PERA retiree?	YesNo	Date of retirement			
Ido do not con their release of emplo			es to contact employers listed	l and authorize	
	on holidays, late (authorized) ext	hours and weekend	ves is only for the duration of the large description of the large desc		
APPLICANT SIGNA	TURE		Date		
				(Rev. 12/08)	